PHYSICIANS should state Exact statement of OCCUPA-CORD. Every item of inforstated EXACTLY. N. B.—WRITE PLAINEY, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be mation should be carefully supplied.

V. S. No. 1

STATE OF MARY	AND-CERTIFICATE	OF DEATH
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1. PLACE OF DEATH	(50) 12051
County Howards	Registration Dist. No. 193
Village or City - Florence	NpSt.,Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred	ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME / wolether Dear	eis
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married widowed, or divorced HUSBAND of Rolet. A. Beaver	22. HEREBY CERTIFY, That i attended deceased from 10.3 to 11.5 19.3
6. DATE OF BIRTH (month, day, and yeer) enhuron 1872	flast saw h_l1_elive on 11 1 2 1, 193/; deeth is seld
7. AGE Years Months Days If LESS then 1 day,	to have occurred on the date stated above, at 2/2.42 m.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, prefession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this	
9. Industry or business in which work was done, as SILK MILL.	Curinowa of frent 1925
work was done, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month and spent) in this occupation	
7007	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
E /	Neme of operations with I falant Bate of 1928
[14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Mulaulu H. Was there an autopsy? Lie
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death wes due to external ceuses (VIOL ENCE) fill in elso the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
X (State or country)	Where did Injury occur?
17. INFORMANT Root. a. Beavers (Address) Vocabrue 344.	Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Clareland Cent Date Ser. 30, 1931	Nature of Injury
19. UNDERTAKER HERE Some	24. Was disease or injury In any way related to occupation of deceased?
(Address) Systemile Md.	tf so, specify
20. FILED Pet 24, 1931 pg marking. Registrar.	(Signed) M.D. (Address) Address for S
Acginiai.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DESAU V. S.		Electric Control of the Control of t	
Other contributory causes of importance:	44	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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(88)	Si-	PLACE OF	DEAT
M	EX	County	mo

12052

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No.	190
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Village o	or City has	may fished
	2FULL NAME	William

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and Ward)

TOLL NAME ///	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mah A COLOR OR RACE SSINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH O 17 193/
6 DATE OF BIRTH (Mo 4) (Mo 6)h) (Day) (Yedr)	that I last saw home alive on Och 15 1937
7 AGE 7 yrs. 1 mos. 27 ds. or min.?	The CAUSE OF DEATH * was as follows: Splun
(a) Trade, profession or Litra Fwind (b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrs mos ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs
10 NAME OF FATHER THE Chard Champer	(Signed) Survey Clarkworlle M. D.
OF FATHER (State or country) / ry kand 12 MAIDEN NAME)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Culturum Jaul	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or country)	At place of death yrs mos ds. In the State yrs ds. State yrs ds.
(Informant) Mrs Warry Lord	if not at place of death? Former or usual residence
(Address) Ellicatt alg NFD me	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Oct 19, 1971.
Filed Oct 18 19231 Mischie Help Registrar	Wro Scott Starr Eller aty My

If more branks are needed, address State Registrnr, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illing. If retired from business, that fact may be indired thus: Farmer be sary to know tion gaged in domestic service for wages, as Servant, Cook, definite salary, may be entired as Hou cuife, Housework, or At Heme and children, not gainfully emer," etc., without more precise specification as laborer, Farm laborer, Laborer, Coulomb, etc. V Spinner, b) Cotton will; (a) Saleman, d) Grocery; (a) Foreman, b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Toroman," "Manager," "Deal-Spinner, b) Collon should is used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and the refere an cases, especiall, in mous rial on do ments, it is necescupation is very in orant, so tlat the relative health-fulness of various pursuits can be known. The queswhatever, write None or given up on account of the DISTALE CAUSING DEATH ployed, as Al school, at A hour Care should be taken household only (not paid Hamber as who receive a Civil engineer, the first line will be sufficient, e. ... For ar or Planter, Statement of Occupation - Precise statement of octo report specifically the occupations of en at home, Housequaid. et :. Physician, Compositor, applies to e ch and every mill. who are engaged in the duties of the For persons 9) the kind of work and also b) the If the ovapation has been changed occupations a single word or term on who have no occupation rerson, arrespective of But in many persons enengineer, Wom-Day

Statement of Cause of Death—Name, first the prise BALE CAUSE OF DEATH the prim ryanction with respect to time and ausstion, using all ay lineare a cent ed term for the same dise at Framme Corbrophial fewer (the only definite syronymis "Friedemic cerebrospinal maningit": Linear preumonia": Lobar preumona, Bronche, and Preumonia.

Eap rtice nus; may he stated under the head of "contributory." (R Arterican Modical Association. curbolic acid-1 rob by seacode. accident; Review wound of hord homicide: Powened by and qualify as ACCIDENTAL, SUIDIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PULRPERAL septico emia," "PUERFERAL peritonitis, diseases resulting from childbirth or miscarriage as "Ethaustion," "Heart failure, Haemorrage, "Inanition," "Maramus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" "Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia, causing death, 29 d.; Branchopmenmania secondary), stated unless important. Examples: Acc lead of drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJUNY can be ascertained Whooping cough; unqualified, (secondar . Chronic interstitial fracture of commendations on statuent of cause of "Atrophy." "Collapse." "Coma," "Convulsions," perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-uch as "Asthenia," "Anaemia" (merely symptom-"Tumor" (name origin; "Cancer" is less definite; avoid is indefinite; or intercurrent Committee on Nomenclature skull, and configuences ie. g., sepsis for malignant neoplasms); as the cause. Always qualify all (Thronic Example: Measles (disease Tuberculosis of lungs, menetc. valvular heart The n .ture of the injury, affection The contributory need disease. not Measles; death elc.

If is estimate it looks over thoroughly and all questions abswered in detail, it will prevent further correspondence. All the data is count all and must be obtained before the certificate is remujerably filed.

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	PLACE OF DEATH County Toward	12053 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 191
uricate.	Village or City lleday CelyNo.	St.: Ward) St.: Ward) A hospital or institution, giva its NAME in stead of streat an number.)
Cer	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
IS ON DACK OF	Male White OF BIRTH 3 SEX 4 COLOR OR RACE 5 SINGLE MARRIED WIDOWED OR ON OFFICE TREES 6 DATE OF BIRTH MALE OF BIRTH MARRIED WOOD TREES (Write the word) 1 1 1 4 9	(Month) (Day) (Year) I HEREBY CERTIFY, That I Attended the deceased from MMANY 1920 to Utily 4, 192
5	(Month) (Day) (Year)	that I last saw h mailive on Telepula 1981
ustrac	7 AGE	and that death occurred on the date stated above, at
996	(a) Trade, profession or Mulicul	Chronic Myolardells
or jant.	(b) General nature of influstry business, or establishment in which employed or (employer)	(Durstion) ZO yrs. mosde
is very impo	9 BIRTHPLACE (State or country) 10 NAME OF FATHER STATE SAME STATE OF STAT	Contributory Secondary (Duration) Tyrs mos ds (Signed) (Duration) Tyrs M. D (Signed) (Address) Eller VCtt, M.
	OF FATHER Z (State of country) 12 MAIDEN NAME	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitais, Institutions, Transients or Racent Residents) At place of deathyrs
?	14 THE ABOVE STRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
	(Informant) Cleson Tambril	Former or usual residence
	(Address) Ellical City My	JOSO THE RELIGIOUS DATE OF BURIAL
	Filed act 16 1931 With Fissell Registras	Lous Clical Ci
	If mora banks are needed, address Stata Ragistrar	16 W. Saratoga St., Balto., Requasting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion, "Debility" causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injuly State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-Whooping American Medical Association:) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condiby Committee ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, cough; Chronic Example: Measles (disease on Nomenclature of the valvular etc. The contributory heart disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, is will prevent buther correspondence. All the data is essential and must be obtained before the certificate is permanently file.

BINDING

FOR

MARGIN RESERVED

V. 8. No.

N. B.

Filed

See instructions on back of certificate.

12054

STATE OF MARYLAND

County Toward	CERTIFICATE OF DEATH
hear-	Registration Dist. No. 195
Village or City Sowas (No. 2FULL NAME Educa	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jende 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Oct. 28 1931
Sett. 12, 1878	that I last saw her alive on Oct. 2726, 1921.
7 AGE 53 yrs. / mos. /7 ds. or min.?	and that death occurred on the date stated above, at 6 m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Halmonhage (Deration) yrs. mos /3 de.
9 BIRTHPLACE (State or country)	Contributory Secondary Secondary (Puration) yes mos de
11 BIRTHPLACE OF FATHER (State or country) 10 NAME OF FATHER Plummes Daviery	(Signed) M. D. 1028, 192 (Address) Source M. D. 4-State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Romonia Blue	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
(Informant) Ben. Hall (Address) Lessy, Md. A. 7: 4	if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 10 30 31
12 () () () ()	20 UNDERTAKER

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census 2nd American Public Health Association.)

er," etc., state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Foreman, or At Home, For many occupations a single word or term on yrs). Farm laborer, without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-Salesman, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important American Medical Association.) appropried by Committee on Nomenclature (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway traintaken. can be ascertained as the cause. "Uracmia," "Weakness," etc., when a definite disease "Inanition, causing death), 29 ds.; L. (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT-DEATHS state MEANS OF INJURY " "Marasmus," "Old Age," "Shock, Chronic Carcinoma, Sarcoma, etc., of Example: Measles (disease chopneumonia (secondary), affection need etc. The contributory valvular heart Always qualify all Measles; disease; not be

If this certificate is looked over thoroughly and all questions an are red in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engincer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of definite salary), may be entered as Housewife, Houseer," etc., nature of the business or industry, and therefore an Physician, Compositor, Architect, state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager, worked on may form part of the second statement. whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Cure should be taken laborer, Foreman, (b) Automobile factory. The materia or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer—Coal mine, etc. Womyrs). (b) Cotton mill; (a) Salcsman. Stationary fireman, etc. But in many For persons who have no occupation Locomolive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the Discrete EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (erebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia, tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. taken. State cause for which surgical operation was underapproved by Committee on Examples: Accidental drowning; Struck by railway train letanus) may be stated under the head of "contributory." as Tracture of skull, and consequences (e.g., sepsis, American Medical Association.) ... (name origin; "Cancer" is lcss definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY " "Weakness," etc., when a definite disease Chronic valvular Example: Measles (disease etc. The contributory Nomenclature heart disease; not be

It this certificate is looked over thoroughly and all questions as wered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is parmagently filed

Townsamment.

193]



12056

STATE OF MARYLAND CERTIFICATE OF DEATH

County	Registration Dist. No. 194
Village or Grey las Kovillero. 2FULL NAME Ode J Lus	St.: Ward) (If death occurred ir a hospitel or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Tellulo Will (Write the word)	16 DATE OF DEATH 2/ , 1933/
6 DATE OF BIRTH (Month) (Day) (Year)	that I last sew h el alive on OCT 20 th, 1923
	and that death occurred on the date stated above, at 5/5/A m The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Coronary Thromboses
business, or establishment in which employed or (employer) 9 BIRTHPLAGE (State or country)	Contributory Secondary (Duration) yrs. mos
10 NAME OF FATHER PLUTED & Booken	(Signed) Chasles untleson M. D. D. Cotto 1931 (Address) Saudy Spring To
OF FATHER (State or country) Mary lace	*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER LAULY OF MOTHER LAUL	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country) ALL THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs
(Interment) Life Lune	Former or usual residence
(Address) Old Coville Md, Filed (M) 22 1923/ & Ancholo Registrar	20 UNBERTAKER SOUS SUBSESS SUB
	r, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.

BINDING MARGIN RESERVED FOR 2 ITH UNFADING INK--THIS

. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many state occupation at beginning of illness. If retired from er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesmon. (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write Nonc. laborer, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, without more precise specification as Day For persons who have no occupation Laborer--Coal mine, etc. (b) inaterial Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

stated unless important. Example: Measles (disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; lclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uruemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drawning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, perilonaeum, etc., Corcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid interstitiol nephritis, FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on Chronic etc. The valvular heart disease; Nomenclature contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state ECOLD. Every item of infor-Exact statement of OCCUPAproperly classified. Ex stated EXACTLY. IS A PERMANEN TION is very important. See instructions on back of certificate. TH UNFADING INK-THIS AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE PLAINLY, B

BINDING

FOR

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(5)
County Howard	Registration Dist. No. 194
Village or City Scaggsville	NoSt.,Ward
Length of residence in city or town where death occurredyrs,m	os ds. How long in U. S. if of foreign birth?
2. FULL NAME	arles
(a) Residence: No. Scaggsville Mil (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH / 0 - 6. (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on 19 19 19 19 19 19 19 19 19 19 19 19 19
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7 m.
1 day,hr	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	hemale Buch
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 3. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years)	
O Date deceased last worked at this occupation (month and year) occupation coupation.	
12. BIRTHPLACE (city or town) Scapanile Md (State or country)	Other Contributory Causes of Importance:
I 13. NAME Herman Park	
14. BIRTHPLACE (city or town)	Name of operation
(State of Country) of Comment Claret Co.	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME (The Viola) Miles 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
(State or country) 75. Bea. Co. W.S.	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Das Derman Park	Where did Injury occur? (Specify city or town, county and State) Specify whether lojury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL MPlace 2007 200 200 200 200 200 200 200 200 20	Manner of injury
19. UNDERTAKER ASY Housey (Address) Lurel M.d.	24. Was disease or Injury In any way related to occupation of deceased?

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CEDTICIOATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, nuchanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run aver by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
02000			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

stated EXACTLY, Popposition of certificate.

BINDING

FOR

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

(If death occurred in a hospital or institu-

EXAC ly class ficate	2FULL NAME Ly a Smit	tion, give its NAME in stead of street and number.)
operi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
d be st y be pr ack of	Jemale Colored (Write the word) married	16 DATE OF DEATH Oct / , 193/
E chou at it m ns on i	6 DATE OF BIRTH October 5, 1864 (Month) (Day) (Year)	that I last saw half alive on Other 1923.
lied. AC	7 AGE If LESS than day hrs. or min.?	and that death occurred on the date stated above, at
plain teri	(a) Trade, profession or particular kind of work (b) General nature of industry	Carenona of Utirus
be carefu EATH in i	business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Maruland	Contributory Secondary (Duration) 2 yrs. mos. ds
Should E CF DI Is very	10 NAME OF FATHER Have on Norsey 11 BIRTHPLACE OF FATHER	(Signed) Marky Tracking M. D. O. L. 13 1923 (Address) Marking M. D. Waring M. D. W. State the I is ase Causing Death, or, in deaths them
mation e CAUS	Z (State or country) Maryland D: 12 MAIUEN NAME OF MOTHER Like Snowden	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LINGTH OF RES!DENCE (For Hospitals, Institutions, Iransients or Recent Reaidents)
of inforond etc:	13 BIRTHPLACE OF MOTHER (State of Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted, if not at place of death?
NS shou	(Informant) Henry Smith (Address) Woodbine Md	Former or usual residence
CIA	15 Mall 9 81 Marcal	20 UN DERTOKER ADDRESS

If more b.anks are needed, addre.s tate Negistrar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

MARGIN RESERVED

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(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The queseupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation er," etc., without more precise specimeaning, etc. Womlaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many tion applies to e.ch and every person, irrespective ci Statement of Occupation-Precise statement of ocwhatever, write None. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as Al school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Nanager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed first line will be sufficient, e. g., Farmer or Planter, For many occupations a especially in industrial employments, it is necessingle word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchoppeumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease st_ted unless important. diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentaken. FOR VIOLENT DEATHS state MEANS OF INJULY can be ascertained as the cause. Always qualify all (seeondary or intercurrent) telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State eause for which surgical operation was under-American Medical Association.) approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainby Committee on Nomenclature of the Chronic valvular heart disease; Example: Measles (disease affection need not be etc. The contributory

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V. S. No. 1

N. B.

PLACE OF DEATH County Howard Near-	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 195
Village or City Jessule (No	St.: Ward) St.: Ward) a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED, OR DIVORCED (Write the word)	18 DATE OF DEATH (Month) 23 (Day) 193 / (Year)
(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 that I last saw h alive on 192
Oyrs. O mos. O ds. or onin.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration)
10 NAME OF FATHER D. Stevens 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER WAAR A Act Hickey	(Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Addr
13 BIRTHPLACE OF MOTHER (State or country)	ients or Recent Residents) At place In the of deathyrsmosds.
(Informant) . Stevens	Where was disease contracted, if not at place of death? Former or usual residence
(Address) Jessey Mil.	DATE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
Filed 2 3 3 192 Manual Megistrar 7	W. P. Stevens, acting. flasef. Wh.

(Approved by U. S. Census and American Public Health Association.)

er," etc., state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus; Farmer (xx or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many (a) the kind of work and also (b) the Locomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the pissease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, American Medical Association.) approved by (Recommendations on statement of cause of and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY stated unless importan+ inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway-train-State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as Committee on Nomenclature Chronic Example: Measles (disease chopneumonia (secondary), etc. affection need not be valvular heart The contributory Always qualify all Mcasles; disease;

If this certificate is looked over thoroughly and a'l questions answeled in detail, it will prevent further correspondence. All the data is essential and must be obtained hefore the certificate is permanently filed.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	40
County Howard	Registration Dist. No. / 9 3
Village of the Cr. f. D. Hoodbine In	MU
Length of residence in city or town where daeth occurred / 7 yrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Posa Ella Wast	ild
(a) Residence: No.	St., Ward.
(d) Residence. No(Usual place of abode)	St., Walu. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX) 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) /863-1-1-	Hast saw her alive on All G 1931; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at 7.40 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows: Cancer or makes of the day, 1930
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc In this corruption (works and the control of	Statistical garage
Date deceased last worked at this occupation (month and yaar)	
12. BIRTHPLACE (city or town) Maryland.	Other Contributory Causes of importance:
13. NAME Kufus Hasfield,	
13. NAME Legus Has field, 14. BIRTHPLACE (city or lown) (State or country) Mary Land,	Name of operation
15. MAIDEN NAME Jarah Mells,	23. If death was due to exteroal causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Jarah Malls, 16. BIRTHPLACE (city or town) Marghan; (State or country)	Accidant, suicide, or homicide? Date of injury, 19
17. INFORMANT Miss Melling Gaither, (Addrass) Hoodbine Med,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place St. Phillips County Oct 10=13/	Manner of Injury
19. UNDERTAKER 6. M. Haltz, (Addrass) Hindleld I'mel.	24. Was disease or Injury In any way related to occupation of deceased? 200
20. FILED Cref. 9, 19.39 Mastra. Registrar.	(Signed) frances H. D. K. M. D. (Address) Lay form wille M.D.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting T. S. No. 7.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral homorrhage	July 5, 1927	Perilonitis	S days ago
Other contributory causes of importance:		Other contributory causes of importance:	,
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURT	ER STATEMENTS BY PHYSICIAN
---------------------------	----------------------------

and that death occurred on the date stated above, at *State the Disease Causing Death, of, in Violent Causes, state (1) Means of Injury and LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-In the 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(If death occurred in

number.)

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrumi, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Househeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Lay laborer, Form laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Solesman. nature of the business or industry, and therefore an Civil cugincer, whatever, write None. business, that fact may be indicated thus; Farmer, (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Foreman, (b) Automobile to know (a) the kind of work and also (b) the For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many factory. The material (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cercbrospināl feser* (the only definite synonym is "Epidemic cerebrospināl meningitis"); *Diphthēria* (avoid use of "Croup"); Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,")

stated unless important. use of "Tumor" inges, perilonocum, etc., Corcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "Puerperal septicucmia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "(Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitiol nephritis, as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved telanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; by Committee on Nomenclature of the for malignant neoplasms); Chronic valvular heart disease; Example: Measles (disease etc. The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH classifie Registration Dist. No. (If death occurred in Ward) a hospital or institu-tion, give its NAME is stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED OR DIVORCED (Write the word) (Month) (Day) 6 DATE OF BIRTH ERTIFY, That I attended the deceased (Year) 7 AGE [If LESS than and that death occurred on the data stated abova, at .: I day hrs. The CAUSE OF DEATH * was as follows: ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Address) 11 BIRTHPLACE Information s I state CAUSE OF FATHER RENT *State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal. (State or country) and 12 MAIDEN NAME 4 OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transienta or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death ... yrs......ds. (State or Country) 00 Where was disease contracted. shoul if not at place of dea.h?.. Former or usual residence CIANS ATE OF BURIAL EVERY If mora bianks are needed, address Ltate Registrar, 16/W. Saratoga St., Balto., Requesting V. S. No. 1.

BINDING

MARGIN

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from er," etc., nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement.

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